



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4368

|   |   |                                   |  |  |                                    |
|---|---|-----------------------------------|--|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>09/865,759  | <b>FILING OR 371(c)<br/>DATE</b><br>05/25/2001<br><b>RULE</b>   | <b>CLASS</b><br>702               | <b>GROUP ART UNIT</b><br>1631  | <b>ATTORNEY<br/>DOCKET NO.</b><br>708-4057 |                                    |
| <b>APPLICANTS</b><br>Phyllis Shapiro, Stamford, CT;<br><br><b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b><br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/01/2001</b>  |   |                                   |  |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR<br/>COUNTRY</b><br>CT | <b>SHEETS<br/>DRAWING</b><br>0   | <b>TOTAL<br/>CLAIMS</b><br>23              | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>KEVIN STEIN<br>PATENT COUNSEL, BAYER HEALTHCARE LLC<br>511 BENEDICT AVENUE<br>TARRYTOWN, NY10591-5097   |   |                                   |  |  |                                    |
| <b>TITLE</b><br>Automated method for correcting blood analysis parameter results affected by interference from exogenous blood substitutes in whole blood, plasma, and serum  |   |                                   |  |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1222  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |